

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/684,512
Filing Date	November 26, 2004
First Named Inventor	Harimut S. Engel
Title	RECESSED LIGHTING FIXTURE
Art Unit	N/A
Examiner Name	Unassigned
Attorney Docket No.	LA-7690-104

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:
 OR
 Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/or attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

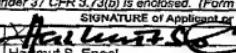
The address associated with the above-mentioned Customer Number:
 OR
 The address associated with Customer Number:
 OR
 Firm or Individual Name:

Address			
City	State	Zip	
Country	Telephone	Email	

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10002 03 09
Name	Harimut S. Engel	Telephone	

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input type="checkbox"/>	Total of	1	forms are submitted.
--------------------------	----------	---	----------------------